

APPLICATION FOR COMMERCIAL WASTEWATER SERVICE



Please Mail, Fax or drop off form to: The City of Sedona Finance Office
We are Located in Building 106 at City Hall

Mailing Address:
 City of Sedona 102 Roadrunner Drive--Sedona, AZ 86336

Email: Billing@sedonaaz.gov
Phone (928)204-7205 **Fax** (928)282-7207

☐ **Account Setup Fee** \$25 ☐ **Tenant Deposit** \$250 This may be waived with prior good payment status

Section I. Business Information

Business Name (Legal Name)			Doing Business as Name (DBA Name)		
Street #	Direction	Street Name			Suite/Apt. #
City		State	Zip	Business Phone	
E-mail Address		Sedona Business License#		Federal ID#	

Section II. Mailing Address & Phone Number

Enter Name if Different from Section I (above) or Enter Care-of Name

Street #	Direction	Street Name			Suite/Apt. #
City		State	Zip	Business Phone	

Section III. Business Ownership

Ownership Type: ☐ Individual ☐ Other ☐ LLC ☐ Corp. - State of Inc. _____ ☐ Partnership ☐ Other

If LLC - IRS Filing designation: ☐ Sole Proprietor ☐ Corporation ☐ Partnership

Owners, Partners, Officer, Individuals, or LLC Members or LLC Members (For Additional Names, Please Attach List)	1)	Name	Social Security Number
		Home Address	Title
		City	Phone #
	2)	Name	Social Security Number
		Home Address	Title
		City	Phone #
Statutory Agent		Name	Phone #

Section IV. Business Type and Premises Status

<input type="checkbox"/> Retail	<input type="checkbox"/> Rental	<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Wholesaler	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Amusements	<input type="checkbox"/> Comm/Lease	<input type="checkbox"/> Construction	<input type="checkbox"/> Office	<input type="checkbox"/> Other
Describe Nature of Business									
Do you own your Business Location				Landlord Name		Landlord Phone #			
YES NO									

By signing below, I hereby agree to pay all deposits and monthly wastewater fees for the above-described property. I also understand that by failing to make any payment my entire deposit will be forfeited. I further agree to provide timely notice of my intent to vacate the property.

APPLICANT SIGNATURE:

MOVE-IN DATE/CLOSE OF ESCROW DATE: _____ **ESCROW COMPANY:** _____

_____ \$250.00 DEPOSIT WILL BE REFUNDED WHEN YOU MOVE OUT UNLESS YOUR HAVE AN
 Tenant Initials OUTSTANDING BALANCE. THE DEPOSIT WILL BE APPLIED TO THE BALANCE.

Owner Option to assume responsibility for wastewater fees and waiver of tenant deposit: By signing below, and in exchange for the waiver of the tenant security deposit, I as owner of the above-described property, do hereby agree to assume full responsibility for all wastewater fees and charges that may be incurred by any tenant or myself. I understand that if there are any delinquent wastewater fees, that a lien may be placed upon my property for the full amount due and owing.

Owner Signature: _____ Date: _____



CITY OF SEDONA, ARIZONA
AFFIDAVIT DEMONSTRATING LAWFUL
PRESENCE IN THE UNITED STATES

ARS §1-502 requires that any person who applies to the City for a local public benefit (defined as a grant, contract, loan, professional license, or commercial license) must demonstrate through the presentation of one of the following documents that he/she is lawfully present in the United States.

LAWFUL PRESENCE IN THE UNITED STATES CAN BE DEMONSTRATED BY
PRESENTATION OF ONE (1) OF THE DOCUMENTS LISTED BELOW.

Please place a check mark next to the applicable document and present the document to the City employee. If mailing the document, attach a copy of the document to this Affidavit. (If the document says on its face that it may not be copied or you know for reasons of confidentiality that it cannot be copied, you will need to present the document in person to the City for review and signing of the affidavit.)

- ☐ 1. **A valid driver license issued after 1996**
Print first 4 numbers/letters from license:

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- ☐ 2. **A valid non-operating identification License**
Print first 4 numbers/letters:

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- ☐ 3. **A birth certificate or delayed birth certificate issued in any state, territory or possession of the United States**
Year of birth: _____ Place of birth: _____
- ☐ 4. **A United States Certificate of Birth abroad**
Year of birth: _____ Place of birth: _____
- ☐ 5. **A United States passport**
Print first 4 numbers/letters from Passport:

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- ☐ 6. **A foreign passport with a United States Visa**
Print first 4 numbers/letters from Passport:

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Print first 4 numbers/letters from Visa:

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- ☐ 7. **An I-94 form with a photograph**
Print first 4 numbers from I-94: _____
- ☐ 8. **A United States Citizenship and Immigration Services Employment Authorization Document (EAD)**
Print first 4 numbers/letters from EAD: _____
- ☐ 9. **Refugee travel document**
Date of Issuance: _____ Refugee Country: _____
- ☐ 10. **A United States Certificate of Naturalization**
Print first 4 digits of CIS Reg. No.: _____
- ☐ 11. **A United States Certificate of Citizenship**
Date of Issuance: _____ Place of Issuance: _____
- ☐ 12. **A tribal Certificate of Indian Blood**
Date of Issuance: _____ Name of Tribe: _____
- ☐ 13. **A tribal or Bureau of Indian Affairs Affidavit of Birth**
Year of Birth: _____ Place of Birth: _____

In accordance with the requirements of State Law, I do swear or affirm under penalty of perjury that I am lawfully present in the United States and that the document I presented to establish this presence is true.

Signature

Business/Company

Print Name

Business Address

Date: _____

City, State, Zip Code

CITY OF SEDONA
REQUEST FOR ALTERNATE BILLING/GUARANTEE AGREEMENT

For Commercial Properties or Residential/Multi-Family Properties of 5 or More Units

Please print or type the following information – only fully completed forms will be accepted

Service Address: _____ **Account No.** _____

TENANTS NAME: _____ **UNIT NUMBER:** _____

I, _____, **owner** of the above-mentioned property, request that the tenant listed on this form be billed for utility services as of _____ (date).

OR

I, _____, am the **Licensed Real Estate Agent or Licensed Property Manager**, for the above-mentioned property consisting of five or more residential/multi-family units or commercial property; request that the tenant listed on this form be billed for utility services as of _____ (date).

I understand that the City of Sedona may deny service to the tenant listed on this form for outstanding utility bills as determined by the City. I have informed the tenant listed on this form that they are responsible to establish utility services in their name and pay all deposits and service fees associated with establishing utility service with the City of Sedona.

_____ This is a residential property; I request that the tenant be billed.

_____ My tenant is a commercial business; I request that the commercial business be billed.

I further agree to the following terms/conditions:

- I acknowledge and agree that entering into this agreement does not automatically transfer service to the tenant's name nor will it stop billing the owner/property manager's account. It is the tenants' responsibility to apply for service.
- By signing this form I acknowledge that as the owner or agent of the owner of above referenced property I remain ultimately responsible for payment of all utility rates, charges, fees and penalties applicable to the property if payment cannot be obtained from the tenant.
- I understand that a change in tenants will require a new "Request for Alternative Utility Billing Agreement", and agree to complete such forms when a new tenant rents the property.
- I understand that any changes in tenant or ownership must be reported to the City within 5 days of such change, and agree to provide such notice within this period of time.
- I understand that In addition to the tenant on record receiving a delinquency notice when the account is past due, I as the owner or agent who signs this form will also be mailed a duplicate notice to the address provided on this form. I agree to guarantee payment of any such past-due amounts. I further understand that my failure to make any delinquent payments will subject me to additional fees and penalties per the Sedona City Code.
- As the owner/agent of this property, I agree to cooperate fully with the City of Sedona in its efforts to obtain payment of all amounts due and owing to the City by the tenant. This includes, but is not limited to, notifying the City of any forwarding address or other locator information such as phone numbers, relative information, references, etc.

Owner's Signature: _____ **Date:** _____

Licensed Real Estate Agent or Licensed Property Manager

Signature: _____ **Date:** _____

Please provide the mailing address and phone number for the Owner, Licensed Real Estate Agent or Licensed Property Manager signing this form; this information will be used when sending the duplicate delinquent notice.

Address: _____ **Phone:** _____

Please mail, fax or drop off form to:

CITY OF SEDONA
Finance Department
102 Roadrunner Drive
Sedona, AZ 86336

Phone: 928-204-7205 Fax: 928-282-7207 Email: Finance_Dept@sedonaaz.gov

L:\WASTEWATER\Request for Alternate Billing Commercial Multi Family.Doc

City Use Only

Date Entered: _____

By: _____